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indicated unless corrects	ed below or directed oth	nerwise in Block 1, by (				parate "FEE ADDRESS" for
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ALSTON & B BANK OF AME 101 SOUTH TR		ITE 4000		hereby certify that that the tates Postal Service of the Mai	with sufficient postage for fill Stop ISSUE FEE address TO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile
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01 FC:1501 1510.00 DA 02 FC:1504 300.00 DO			* TRADEMARK S	February 6		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,108	10/772,108 02/04/2004		Jantzen A. Cole		702.117	4849
	N: INJECTABLE RESO TING BONE DEFECTS	RBABLE BONE GRAF	T MATERIAL, POWD	ER FOR FORMING	SAME AND METHODS F	RELATING
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/19/2009
EXAMINER		ART UNIT	ART UNIT CLASS-SUBCLASS .			
STROUD, JONATHAN R		3774	623-023620			
CFR 1.363).  Change of corresp Address form PTO/S  "Fee Address" inc	dication (or "Fee Address 02 or more recent) attacl	ange of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropriate assignee category or categories (will not be printed on the patent):						
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Authorized Signature	21 1			Date February 6, 2009		
• •	Typed or printed name Christopher M. Humphrey				No. 43,683	
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